

for the per-person in Medicare is increased. So what's going on here? You've got to think this through. Bad idea. Bad concept.

Ms. SCHAKOWSKY. Your 92-year-old mother, when she goes into the hospital, if she didn't have—she probably does have—a supplemental insurance policy, the copayment on the first day in the hospital, which some seniors have to pay out-of-pocket, is well over \$1,000. Medicare, let's remember, does not cover most vision, hearing, or dental, so seniors are still left with not only their premiums and their copayments and their deductibles but lots of things that still aren't covered by Medicare.

With the cost of health care to seniors today, this is no entitlement, which makes it sound like they're getting a freebie here. It's very, very expensive. We want to make Medicare better. We want to make it efficient and actually enhance some of those benefits.

Mr. GARAMENDI. The word "entitlement" is really misused for both Social Security and Medicare. Basically, the word means that, when you reach a certain age, the program is available to you. It's not a freebie. Men and women in America who work, even those who are 65 and over, continue to pay what amounts to a health care premium. It's the payroll tax. They're paying that from the first paycheck they get until the last one that they receive. Then when they're no longer working, as you so correctly stated, Medicare does not cover the total cost, so they're going to continue to pay. They're probably going to be paying for a supplemental insurance program, and they're certainly going to be paying out-of-pocket and the like.

There are a couple of other things that have been proposed, and I want to just cover those because they're very important. It has been proposed that the cost of the Medicare system can be reduced by giving every senior a voucher or—a different word but exactly the same thing—premium support, which basically says that the Medicare system, as we have known it for nearly 50 years, is terminated—gone—and that seniors who are 65—or 67 if they get their way—would be thrown into the private health insurance market. I cannot imagine a worse situation for a senior. The private health insurance market is not interested in caring for seniors.

Ms. SCHAKOWSKY. That's why we have Medicare.

Mr. GARAMENDI. They don't want those people because they get sick and they're expensive. They want Medicare, but the voucher program is the privatization of Medicare. It is nothing other than that. It's the termination of this guarantee, and seniors have to go out and negotiate on their own for a health insurance policy.

Good luck, Mom. You're 92 years old. Good luck in getting a health insurance policy from any private health in-

surance company. It won't happen. It won't happen.

So, with those proposals, they are wrongheaded; they are cruel; they are expensive to the individual; and they ultimately will lead to a system in which health insurance will not be available to seniors. That's a proposal that has been given life and that has actually passed the House of Representatives.

Ms. SCHAKOWSKY. It's part of the Ryan budget.

Mr. GARAMENDI. Indeed, it is. It has passed the House of Representatives twice—not once but twice.

So this is not just some idea floating in the ether. This is a real proposal that is sitting in the Senate. Fortunately, it's going nowhere there, but these kinds of programs are there.

The other program—and we've talked around this issue—is just a flat-out assault on the benefits. We're going to cut out drugs. We're going to cut out one or another of the benefits that are in Medicare. The package of benefits in Medicare is designed to provide a continuity of care so that something that is common is going to get covered—hospitalization, a doctor's care, and now, with the Affordable Care Act, annual visits to the doctor. It's very, very important.

Let me be clear that, as Democrats, we understand the necessity of reducing the cost of Medicare. We understand that. In fact, we have done it. The Democrats have done it. We have taken action to reduce the cost of Medicare and to simultaneously maintain the benefits and improve the benefits to seniors.

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That is what we have done, and we'll continue to do it. Things I talked about at the very outset are very real. We can take additional steps. We can do more. The President has proposed it, and the Democrats stand ready today to take up those issues and pass them out of the House, give them to the Senate and say we can do more to reduce the cost of Medicare and simultaneously maintain quality care for seniors and the benefits that they have spent their lifetime paying for, paying for those benefits. We can do it. We've done it.

Ms. SCHAKOWSKY. We can do it. And I hope that everyone will stand with our President who has said that we're not going to raise the age of Medicare and that the Republicans now first have to agree that we're going to ask the wealthiest people in our country to pay a bit more, and not to begin with the least able to pay more, the poorest adults, seniors, and persons with disabilities.

Mr. GARAMENDI. Our colleague, SHEILA JACKSON LEE, before she left, she brought this issue up. In the House today is the tax program that would continue the tax reductions for the middle class.

Ms. SCHAKOWSKY. And for the first \$250,000 for everyone.

Mr. GARAMENDI. Exactly so. All we need to do is pass that.

The other alternative, which has been proposed, is to keep the taxes low for the superwealthy and to pay for that out of the pockets of seniors. We're not going there, and we shouldn't.

JAN, thank you for sharing this evening with us. This is an important issue.

Ms. SCHAKOWSKY. Thank you.

Mr. GARAMENDI. Mr. Speaker, I yield back the balance of my time.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. CULBERSON (at the request of Mr. CANTOR) for today on account of illness.

Mr. REYES (at the request of Ms. PELOSI) for today on account of medical reasons.

#### ENROLLED BILL SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 6156. An act to authorize the extension of nondiscriminatory treatment (normal trade relations treatment) to products of the Russian Federation and Moldova and to require reports on the compliance of the Russian Federation with its obligations as a member of the World Trade Organization, and for other purposes.

#### BILLS PRESENTED TO THE PRESIDENT

Karen L. Haas, Clerk of the House, reported that on December 6, 2012, she presented to the President of the United States, for his approval, the following bill:

H.R. 6634. To change the effective date for the Internet publication of certain financial disclosure forms.

Karen L. Haas, Clerk of the House, further reported that on December 7, 2012, she presented to the President of the United States, for his approval, the following bill:

H.R. 6156. To authorize the extension of nondiscriminatory treatment (normal trade relations treatment) to products of the Russian Federation and Moldova and to require reports on the compliance of the Russian Federation with its obligations as a member of the World Trade Organization, and for other purposes.

#### ADJOURNMENT

Ms. SCHAKOWSKY. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 2 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, December 12, 2012, at 10 a.m. for morning-hour debate.